

DOMESTIC VIOLENCE INFORMATION WORKSHEET

| | |
|-------|-----|
| DATE: | OP# |
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|--------------------|
| RESPONDENT'S NAME: |
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| | | | |
|---------|---------|-------|-------|
| SEX: | RACE: | AGE: | DOB: |
| HEIGHT: | WEIGHT: | HAIR: | EYES: |

| | |
|------|--|
| SS#: | CIRCLE ALL THAT APPLY GLASSES / MUSTACHE / BEARD / SCARS / TATOOS |
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|---------------------------------|
| LIST & DESCRIBE SCARS / TATOOS: |
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|--------------|
| ADDRESS: |
| 2ND ADDRESS: |
| TELEPHONE# |

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|---------------|
| EMPLOYED BY: |
| ADDRESS: |
| TELEPHONE # |
| WORK SCHEDULE |

| | | | |
|----------|--------|--------|-------|
| VEHICLE: | MAKE: | MODEL: | YEAR: |
| COLOR: | PLATE# | | |

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| MISC. INFORMATION |
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| WEAPONS INFORMATION: |
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| RESPONDENT IN CUSTODY ? IF SO, IN WHO'S CUSTODY |
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CONFIDENTIAL INFORMATION

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|-------------------|
| PETITIONERS NAME: |
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| | | |
|------|------|-------|
| DOB: | SEX: | RACE: |
|------|------|-------|

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|-----------------|
| HOME TELEPHONE: |
| WORK TELEPHONE: |